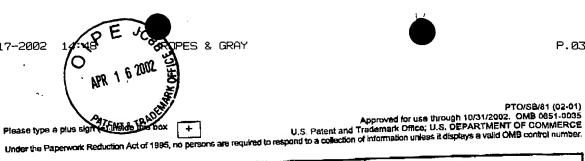
PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0851-0035
Please type a plus stap (1) inside this (

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	See Attachment A
Filing Date	See Attachment A
First Named Inventor	See Attachment A
Group Art Unit	NA
Examiner Name	Not Yet Assigned
Attorney Docket Number	See Attachment A

				Attachment		⊆ n
L horoby roy	nke all previous now	ers of attorney or authoriz	ations of agent given	in the above	iden節組しCIV	- "
application:					MAY 2 1 2	200
X A Po	wer of Attorney or Au		bco			
	•				Technology Cen	iter kou
OR						1
Plea	se change the corres	pondence address for the	above-identified app	olication to:		
[-	Customer Number					- 1
	Customer Number	Customer Number			:	- 1
0	R					
Firm or	I Nome		•			
Individue	a Name					
Address				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
City		State		Zip		-
Country		Telephone ,		Fax		
	licant/inventor.	entire interest. See 37 C	CFR 3.71.			
Stat	tement under 37 CFR	? 3.73(b) is enclosed. (FO	nn F10/36/90)	noord .	:	_
		SIGNATURE of Applica	nt or Assignee or Re			
Name	Georges G. Grir	istein		··		
Signature	Storp 9	H. Shi	7			_
Date	4/12/02	or assignees of record of the an	dire interest or their represe	entative(s) are req	uired. Submit multiple	-
NOTE: Sig	gnatures of all the inventors are than one signature is re-	quired, see below*.				
X *1	rotal of 5	forms are submitted.				



REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	See Attachment A
Filing Date	See Attachment A
First Named Inventor	See Attachment A
Group Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket Number	See Attachment A

I hereby re	voke all p	revious pow	ers of attorne	y or authoriz	ations of agent g	iven in the abov	e-identified REC	CEIVE
X AP	X A Power of Attorney or Authorization of Agent is submitted herewith.							2 1 2002
OR							Technolo	gy Center 26
Ple	ase chang	je the corres	pondence ad	dress for the	above-identified	application to:		
	Custon	ner Number	Custom	er Number	7			
Firm o	r lusi Name				·—··		: `	
Address								
City	<u> </u>			State		Zi	<u> </u>	
Country				Telephone		Fa	X :	
	oplicant/In	unnered of the		nciosea. (FC	11111 (0/02/00)		:	
			SIGNATURE	of Applica	nt or Assignee o	of Record	<u> </u>	
Name		ael J. McM						
Signatur		'1 1)	2002					
NOTE:	Cineatures of	all the inventor	e or assignees of equired, see below	record of the en	rtire Interest or their re	presentative(s) are	required. Submit r	nultiple
×	*Total of	5	forms are subr					



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

Please type a plus sign (*) inside this box

U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number.

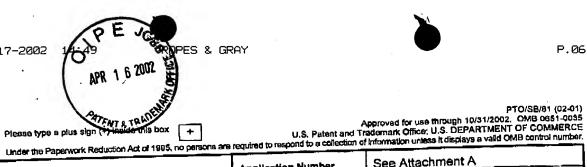
	Application Number	See Attachment A
		See Attachment A
REVOCATION OF POWER OF	First Named Inventor	See Attachment A
ATTORNEY OR	Group Art Unit	N/A
AUTHORIZATION OF AGENT	Examiner Name	Not Yet Assigned
	Attorney Docket Number	See Attachment A
		· · · · · · · · · · · · · · · · · · ·

I b a sabar sasta	ka all pravio	us nowers of at	tomey or authoriz	ations of agent gi	iven in the above	-identified	ļ
application:	KA SIII ÞI A		•			RECE	IVED
X A Pow	er of Attome	ey or Authorizat	ion of Agent is sul	omitted herewith.		MAY 2	1 2002
QR						Technologie	Contor 960
Please	e change the	e corresponden	ce address for the	above-identified	application to:	Technology	Celifei 400
	Customer N	lumber		→			
OR			rustomer Number			<u>:</u>	
Firm or Individual	Name			·		;	
Address						İ	
			State		Zip		
City			Telephone		Fax		
	icant/Invento	rd of the entire 37 CFR 3.73(b	interest. See 37 () is enclosed. (Fo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			TURE of Applica	nt or Assignee o	or Record		
Name	Patrick E	. Hoffman	<u> </u>	/			
Signature	1	alrit	6')K	ln_			
Date		4-12-0	77	tion Intornet or their re	presentative(s) are re	guired. Submit mult	iple
NOTE: Sign forms if mon	natures of all the me then one sign	inventors or assignature is required, se	nees of record of the en	THE RESERVE OF PART OF	h. 4431.000.000.00		
	otal of		re submitted.				



Please type	e plus sign (+) inside this box + uction Act of 1985, no persons are	U. required to respon		proved for use the demark Office; U information unless		0/31/2002. OM		
Under the F	-aperwork rea	OCDATION OF THE PERSON OF THE	Application 1		See Attachm	nent <u>A</u>			
			Filing Date		See Attachm	ent A			
REVO	CATION	OF POWER OF	First Named						
	ATTOF	RNEY OR	Group Art U	1	N/A				
AUTH	ORIZA	ION OF AGENT	Examiner Na		Not Yet Assigned				
				cket Number	See Attachn				
		revious powers of attorne			given in the a	bove-	identified		t.
application	n:					:		CEIVE	D
X AF	Power of At	tomey or Authorization of	Agent is subt	tiittea nerewiu	4.	:		•	
OR							WAT	2 1 200	1
Ple	ease chang	e the correspondence ad	dress for the a	above-identifie	d application	to:	Technolo	gy Center	2600
<u></u>	Cunton	ner Number		□ →					
ļ			er Number				-	<u> </u>	
	OR		<u> </u>			-		• •	1
Firm o	or dual Name								1
Address							· .		1
City	 		State			Zip			-
Country			Telephone			Fax]		┨
lam	the:			•					1
		·ontot							
, L	pplicant/Inv			-D 2 74			i.		
A S	ssignee of tatement u	record of the entire intere	nciosea. (Fun	11 - 1 (73-1190)					4
		SIGNATURE	of Applicant	or Assignee	of Record				1
Name	Philip	J. O'neil							1
Signatur	re P	lys 1. 8 Haif			· · · · · · · · · · · · · · · · · · ·				4
Date	9/1	all the inventors or assignees of	record of the entir	e Interest or their	representative(s)	ere req	uinad. Submit m	uttiple	7
forms if	wors tyst our Pigustruss or	e signature is required, ase below	v*						7
[X]	*Total of	5 forms are subn	nitted.	_					┙

APR-17-2002



REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

CHange to 1-1-	
Application Number	See Attachment A
Filing Date	See Attachment A
First Named Inventor	See Attachment A
Group Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket Number	See Attachment A
Attorney Docket Humber	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application: X A Power of Attorney or Authorization of Agent is submitted herewith. RECEIVED			of attornoy or suthorizi	ations of agent gi	ven in the above-	-identified	
Please change the correspondence address for the above-identified application to: Customer Number	I hereby revol application:	ke all previous power	s or attorney or addition.				1.
Please change the correspondence address for the above-identified application to: Customer Number OR Customer Number I prince State Stat	X A Pow	rer of Attorney or Auth	norization of Agent is sub	mitted herewith.		RECE	IVED
Customer Number Customer Number Customer Number Customer Number Customer Number Customer Number Firm or Individual Name Address City State Zip Country I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Alexander G. Gee Signature Date 4/10/2002 NOTE: Signatures of all the Inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.						MAY 2	1 2002
City State Zip Country Telaphone Fax 1 I arm the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Alexander G. Gee Signature Date 4/1/2002 NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below."	Please	e change the correspo	ondence address for the	above-identified	application to:	Technology	Center 2600
Firm or Individual Name Address		Customer Number					
Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Alexander G Gee Signature Date 4/10/2002 NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	OR	ł	Customer Number			<u></u>	
City State Country Telephone Fax 1 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Alexander G Gee Signature Date NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		Name					
Country Telephone I arn the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Alexander G. Gee Signature Date NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Address						
Country I arm the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Alexander G. Gee Signature Date NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	City		State		Zip		
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Alexander G: Gee Signature Alexander G: Gee Signature Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			Тејернопе		Fax	<u> </u>	
Signature Signature Date NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signatured, see below.	X Appli	cant/Inventor.	- the interest Sep 37 (SER 3 71		: :	
Name Alexander G. Gee Signature Date NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Assig State	ment under 37 CFR	3,73(b) is enclosed. (FO	mi - 1 0/0 0/0 0/0/0/0/0/0/0/0/0/0/0/0/0/0/0			
Signature Oate 9/10/2002 NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		S	IGNATURE of Applica	nt or Assignee o	f Record		
Date 4/16/2002 NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name	Alexander G. Ge	1-2				
NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit mumple forms if more than one signature is required, see below.	Signature	1/2/	1 / Sa				
forms if more than one signature is required, see server:	Date	4/10/2002				ruined Submit mul	tiple
E formation	NOTE: Sign	natures of all the inventors of their one signature is requ	r essignees of record of the en ired, see below".	tire interest or their re	DIRPRUMAN SISTER	quitable warring from	
		E					



Attachment A

Please also change the Attorney Docket Number to that shown here in each Application.

Base also change are	-					
		r 2002	Atty D	ocket No.: ANVI-PO	1-001	
pplication Number: 10/077,694	Filing Date: February 1	5, 2004	- 100, 0		·	
pplication Number 1445 FOR I	DATA ANALYSIS					
pplication Number: 10077,034 Itle: METHOD AND SYSTEM FOR D			TE	xaminer Name:	-RECETV	/FD
		Group Art:			MEULI	
Irst Named Inventor: Alexander G.				Docket No.: ANVI-PO	1-002	2003
	Filing Date: February	15, 2002	Atty (DOCKET NO. ALV.	MAY 2	2002
Application Number: 10/077,586	Filing Date: Testany					
Application Number: 10/077,300 Title: METHOD AND SYSTEM FOR	DATA ANALTSIS					ntor 2
		Group Art:		Examiner Name:	Technology Ge	11161 2
First Named Inventor: Alexander G	, Gee	<u> </u>				
-Inst Named Internation			Attv	Docket No.: ANVI-P	01-003	
401077 502	Filing Date: February	15, 2002	LALLY			
Application Number: 10/077,692	DATA ANALYSIS	•				
Application Number: 10/077,002. Title: METHOD AND SYSTEM FOR				Examiner Name:		i
		Group Art:		CAUTIMIST		
First Named Inventor: Patrick E. H.	IOIIII IOIII			44/40	260,001	
		2001	Atty	Docket No.: ANVI-I	-00-001	1
Application Number: 60/285385	Filing Date: April 20	ATION				1
Application Number: 60/285385 Title: HIGH DIMENSIONAL INTER	ACTIVE DATA VISUALIZA	ATION				<u></u>].
		Group Art:		Examiner Name:		4
First Named Inventor: Georges S	, Grinsteln	Group Are				7
First Named Inventor: Cooks			1 44	y Docket No.: ANVI	P61-001	4
2,005,045	Filing Date: April 23	3, 2001	All	y DOCKBE III		}
Application Number: 60/285945 Title: HIGH DIMENSIONAL INTER	DATA VISUALIZ	ATION		•		4
Title: HIGH DIMENSIONAL INTE	KACTIVE DATE TO			Examiner Name:		┙
		Group Art:		EXECUTION INCIDENT		_
First Named Inventor: Georges S	S. GRIISION				DC2 001	٦,
		15 2002	Ā	ty Docket No.: ANV	I-P02-001	-1
Application Number: 60/348854 Title: MULTI-DIMENSIONAL INT	Filing Date: Janua	TOATION ADDIT	n to	SMALL MOLECULE F	RESEARUN	1
Application Number SINAL INT	ERACTIVE DATA VISUAL	JZA HUN APPEN				7
I THE MENT OF THE PROPERTY OF				Examiner Name:		
(IEIA: MOCT.		T Commander		EXSUITIEL HOUSE		
THE MOST PARTY Patrick E	Hoffman	Group Art:		Examine Name		_
First Named Inventor: Patrick E	Hoffman	Group Art.				
First Named Inventor: Patrick E	Hoffman	ember 17, 2001		tty Docket No.: AN		
First Named Inventor: Patrick E	Hoffman	ember 17, 2001				
First Named Inventor: Patrick E	Hoffman	ember 17, 2001		tty Docket No.: AN	/I-P63-001	
First Named Inventor: Patrick E	Hoffman Filling Date: Septe	ember 17, 2001	TA		/I-P63-001	

Please type a plus sign	(+) Inside this box	٦			PTO/SB/81 (02-01) 10/31/2002. OMB 0851-0035 PARTMENT OF COMMERCE
Piggs type a plus sign	whichion Act of 1995, no per	Libons are require	d to respond to a collection of in	Motusion miless it dish	13 6 13 6 11 - 11
Cultural and Laborators are	passion were		Application Number	See Attaonina	
			Filing Date	See Attachme	
			First Named Inventor	See Attachme	nt A
DOWER O	F ATTORNEY	OR			•
AUTHORIZ	ATION OF AG	ENT	Title	See Attachme	ent A
AUTTON	A		Group Art Unit	N/A	
			Examiner Name	Not Yet Assig	
			Attorney Docket No.	See Attachme	ent A
l hereby appoir	1.				
x Practitions	ers at Customer Nur	mner [ustomer Number	111811	28120
OR		0.		Custom	er Number Bar Code
Practition	er(s) named below:			Custon	
<u> </u>		Registration	Nam	18	Registration Number
<u> </u>	lame	Number			
		ļ			
·					}
· L	(-)	to proceed the	the application identification	ed above, and to	transact all
I transie one in the	mey(s) or agent(s)	ont and Trac	lemark Office connects	d therewith	
	B CHICE STREET L ST	CIT OUR LINE	CITIZIN OTHER TOTAL		
Please chang	e the corresponden	ce address f	demark Office connecter or the above-identified		
Please chang	e the corresponden re-mentioned Custo	ce address f	or the above-loshulled		
Please chang X The above OR	e the corresponden re-mentioned Custo	ce address f mer Numbei	or the above-loshulled		
Please chang X The above OR	e the corresponden	mer Number	or the apove-identified		
Please chang X The above OR	e the corresponden re-mentioned Custo	mer Number	or the above-loshulled	application to:	
Please chang X The above OR Practition	e the corresponden ve-mentioned Custo ners at Customer Nu	ce address f mer Number umber	or the apove-identified	application to:	er Number Bar Code
Please chang X The above OR Practition OR	e the corresponden ve-mentioned Custo ners at Customer Nu	ce address f	or the apove-identified	application to:	
Please chang X The above OR Practition OR Firm or Individual Name	e the corresponden ve-mentioned Custo ners at Customer Nu Paul E. Lewkov ROPES & GRA	ce address f	or the apove-identified	application to:	
Please chang X The above OR Practition OR Firm or Individual Name	e the corresponden ve-mentioned Custo ners at Customer Nu	ce address f	or the apove-identified	application to:	er Number Bar Code
Please chang X The above OR Practition OR Firm or Individual Name Address One Interpretation	Paul E. Lewkow ROPES & GRA	ce address f	customer Number	application to:	er Number Bar Code
Please chang X The above OR Practition OR Firm or Individual Name	Paul E. Lewkow ROPES & GRA	ce address f	customer Number	application to:	or Number Bar Code
Please chang X The above OR Practition OR Firm or Individual Name Address One Interest City Boston	Paul E. Lewkow ROPES & GRA	ce address f	customer Number	application to:	er Number Bar Code
Please chang X The above oR Practition OR Firm or Individual Name Address One Interest City Boston Country US I am the:	Paul E. Lewkow ROPES & GRA	ce address f	customer Number	application to:	er Number Bar Code
Please chang X The above oR Practition OR Firm or Individual Name Address One Interpretation Country US I am the: X Applicant	Paul E. Lewkow ROPES & GRA ernational Place	ce address f	Customer Number MA phone (617) 951-70 See 37 CFR 3.71	Custome Zip 00 Fax	er Number Bar Code
Please chang X The above oR Practition OR Firm or Individual Name Address One Interpretation Country US I am the: X Applicant	Paul E. Lewkow ROPES & GRA ernational Place	ce address f mer Number umber vicz Y State Teler	Customer Number MA Phone (617) 951-70 See 37 CFR 3.71 Seed. (Form PTO/SB/9)	Custome Zip 00 Fax	er Number Bar Code
Please chang X The above oR Practition OR Firm or Individual Name Address One Interpretation Country US I am the: X Applicant	Paul E. Lewkow ROPES & GRA ernational Place	vicz Y State Tele Treinitarest. 3(b) is enplo	Customer Number MA phone (617) 951-70 See 37 CFR 3.71	Custome Zip 00 Fax	er Number Bar Code
Please chang X The above oR Practition OR Firm or Individual Name Address One Interpretation US I am the: X Applicant Assignee Statement Name	Paul E. Lewkow ROPES & GRA ernational Place	vicz Y State Tele Treinitarest. 3(b) is enplo	Customer Number MA Phone (617) 951-70 See 37 CFR 3.71 Seed. (Form PTO/SB/9)	Custome Zip 00 Fax	er Number Bar Code
Please chang X The above oR Practition OR Firm or Individual Name Address One Integration US I am the: X Applicant Assignee Statemen	Paul E. Lewkow ROPES & GRA ernational Place //inventor. of record of the entational Place Alexander S. Ge	wicz Y State Teler Treinterest. 3(b) is enplo	Customer Number MA Phone (617) 951-70 See 37 CFR 3.71 Seed. (Form PTO/SB/9)	Custome Zip 00 Fax	er Number Bar Code
Please chang X The above oR Practition OR Firm or Individual Name Address One Interpretation US I am the: X Applicant Assignee Statement Name Signature	Paul E. Lewkow ROPES & GRA ernational Place //inventor of record of the ent th under 37 CFR 3.7 SIGN Alexander F. Ge	wicz Y State Tele Tree See 37 CFR 3.71 Sed. (Form PTO/SB/9)	Custome Custome Zip 00 Fax 6).	02110-2624 (617) 951-7050	
Please chang X The above or or or or or or or lindividual Name Address One Interpretation City Boston Country US I am the: X Applicant Assignee Statement Name Signature Date	Paul E. Lewkow ROPES & GRA ernational Place //inventor of record of the ent th under 37 CFR 3.7 SIGN Alexander F. Ge	ce address famer Number umber vicz Y State Telep ire interest. 3(b) is enplo ATURE of A	See 37 CFR 3.71 Sed. (Form PTO/SB/9)	Custome Custome Zip 00 Fax 6).	er Number Bar Code

blesse fybo	e a plus sign (+) inside this box +	areane are mailiúi	U ed to respon	I.S. Patent and "			D/31/2002. OMB 068 ARTMENT OF COMP is a velid OMB control	1-0035
Under the F	Paperwork Reduction Act of 1995, no p	AND BEE CHOOSE	Applic	ation Numbe	See Att	achmen	I A	
				Filing Date See Attach				
				amed Invent	- 1	tachmen		
POWER OF ATTORNEY OR						tachmen		
AUI	HORIZATION OF AC	3514 1	Title	Art Unit	N/A			
			_	ner Name		t Assign	ed	
				ey Docket No		tachmen		
			ALWIN	J DOGGE III				
	by appoint: Practitioners at Customer Nu	mber	ustomer l	Vumber	-			
	OR .		AUSTONION .	10.7.201	-	Custome	r Number Bar Code	•
	Practitioner(s) named below:	Registratio	on		lame		Registration . Number]
	Name	Number					•]]
	·	j	1			-		
								} '
•			- 1				•	
-			l l					j
	ny/our attorney(s) or agent(s ness in the United States Pa						ansact all	
Dusi Die:	ise change the corresponder	nce address	for the a	bove-identifi	ed applicatio	n to:		•
×	The above-mentioned Custo	omer Numbe	ег. :	. •	,			 1
لسنت	QR							
	Practitioners at Customer N	umber		Atumbar				
	OR		Customer	Mauroai			at when Boy Godo	
						<u>Customer</u>	Number Bar Code	
Flrm		wicz V						
Address	One International Place						. ,	
03	Beaten	Stat	te .	MA		Zip	02110-2624	
City	Boston US		phone	(617) 951-	7000	Fax	(617) 951-705	50
l an	n the: Applicant/Inventor. Assignee of record of the en	7.YD) IS ENCK	OSBO. (F		3/96). see of Recor	d		
		A IURE OF	Thhirai	ir or mosign				
Na Sia	777. 1	Weil						
	10101							- - - -
NOTE: Si	gnatures of all the inventors or assore then one signature is required	ignees of reco	rd of the e	ntire interest or	their represent	ative(s) are	required. Submit r	numple
X		s are submitte	ed.					

Please type a plus sign	(+) Inside this box +]	υ	.S. Patent and				0/31/2002. OMB 0 ARTMENT OF COMB a a vaild OMB contra	851-0035 MMERCE
Under the Paperwork Re	duction Act of 1995, no pe	reons are require	d to respor	NO TO B CORRECTION	n or attention	AH	achmen	† Δ	
			Application Number See Att			achment A			
						achment A			
			First N	First Named Inventor See Att			achment A		
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT			Title See Att			achment A			
AUTHORIZ	Anonor		Group Art Unit N/A						
·			Examiner Name Not Yet Assig				t Assign	ed	
			Attorney Docket No. See Attac			tachmer	nt A		
			Account						
I hereby appoint: X Practitioners at Customer Number Customer Number 28120									
OR							Custome	r Number Bar Co	de
Practition	er(s) named below:						1	Registration	¬ i
	ame	Registration Number	י		Name		Number		
 	dille						l l		
		j	".				1 . 1		
		1	}						1
		1	1				<u>'</u>		
		1	1				1	•	
as my/our atto	nrney(s) or agent(s) e United States Pa	to prosecute	the app	olication ide	entified a	above, ierewit	and to tr	ansact all	
business in th	e United States Par e the corresponder	tent and mat	or the a	hove-identi	fied app	lication	n to:		
Please chang	e the corresponder	ica addisse i		0040-(00110					
4 🗀	re-mentioned Custo	HIRL HILLIDS	' .			Γ			
OR	ers at Customer No	umber .			٦	_			
Practition	iets at Customer 14	Tube.	custemer	Number					· [
OR		_		•		L	Curtomor.	Number Bar Con	
							Çustomer		
Firm or	Paul E. Lewkov								_
Individual Name	ROPES & GRA	17							
Address One Int	ernational Place								
City Bacton		State		MA			Zip	02110-2624	<u> </u>
City Boston Country US			phone	(617) 951	-7000		Fax	(617) 951-70	J5U
I am the:								•	
· - ··· -									
X Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant/or Assignee of Record									
Name Patrick E. Hoffman									
Signature Signature									
A 4 72									
Date: Size the of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple									
forms if more than on	signature is required.	Occ policy .							
X Total of	X Total of 5 forms are submitted.								

PTQ/SB/81 (02-01)

Approved for use through 19/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. See Attachment A Application Number See Attachment A Filing Date See Attachment A First Named Inventor POWER OF ATTORNEY OR RECEIVED See Attachment A **AUTHORIZATION OF AGENT** Title N/A Group Art Unit L 2002 Not Yet Assigned Examiner Name See Attachment A Attorney Docket No. Technology Center 2600 I hereby appoint: Practitioners at Customer Number X Customer Number Customer Number Bar Code Practitioner(s) named below: Registration Number Registration Number Name Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Practitioners at Customer Number Customer Number OR Customer Number Bar Code Paul E. Lewkowicz Firm of ROPES & GRAY Individual Name One International Place Address 02110-2624 Zip MA State Boston Fax (617) 951-7050 City (617) 951-7000 Telephone Country US I am the: x Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Grinsteil Name Signature NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple 07 forms if more than one signature is required. See below*

8781389_1

X

"Total of

forms are submitted.

5

Please type a plu	+ xòd eith eblani (+) ngia a]	U.S				0/31/2002. OMB 065 ARTMENT OF COMM /s a valid OMB control r		
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF CONTROL U.S. Petent Office; U.S. DEP									
	·		Sec A			ttachment A			
	•		T-111111						
			First Nar	ned inventor	See Au	EGITTO!	Interica		
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT			Title See Attac			tachmen	hment A		
701110			Group Art Unit N/A						
·			Examiner Name Not Yet A						
			Attomey	mey Docket No. See Attac			chment A		
I hereby appoint:									
x Pract	titioners at Customer Nu	mber C	istomer Number				28120		
OR				-		Custome	r Number Bar Code	,-'	
Prac	titioner(s) named below:						Registration		
	Name	Registration Number	1	Nam			Number		
						\			
1 1		İ	1					- 3	
1 1	•	!	ŀ						
1	•					1:			
		1						1	
1 huninace	ur attorney(s) or agent(s) s in the United States Pa	tent and Ital		1100 0011110010			ansact all		
Please C	hange the corresponder	ce address f	or the abo	ve-identified	applicatio	n to:			
x The	above-mentioned Custo	mer Number	r .					!	
OR.									
Pra	ctitioners at Customer No	umber]	 				
1 -			ustomer N	umber	İ				
OR Customer Number Bar Code									
Poul E Lawkowicz									
Firm or Individual N									
Address On	e International Place								
		State	IM	A		Zip	02110-2624		
			phone (617) 951-7000			Fax	Fax (617) 951-7050		
Country US									
X Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignes of Record									
Name Michael J. McManus									
Signature Muhul . McMan									
NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple									
NOTE: Signatur forms if more th	res of all the inventors of assi an one signature is required.	gnees of record See below*.	of the entir	e interest or the	r represent	arive(2) ale	TOGUECA. GOOTHE		
X *To	stal of 5 forms	are submitted	d.						



Attachment A

Please also change the Attorney Docket Number to that shown here in each Application.

10777.004	Filling Date: February 15, 2002		Atty			
Application Number: 10/077,694						
TILLE: METHOD AND SYSTEM FOR	DAIN WAVE 1210					
First Named Inventor: Alexander G.	Group Art:		Examiner Name:			
First Named Inventor: Alexander C.						
10077 506	Filing Date: Februar	v 15, 2002	Atty	Docket No.: ANVI-P01-002	l	
Application Number: 10/077,586				חבסבוע		
TIME: METHOD AND SYSTEM FOR	DATA ANALTOIS			RECEIV	ヒレ	
First Named Inventor: Alexander G.	The Alexander Alexander G. Gee			Examiner Name:	1	
Filst Named III Ventor: 746-221		-1		MAY 2 1 2	1002	
10/077 602	Filing Date: Februar	v 15, 2002	Atty	Atty Docket No.: ANVI-P01-003		
Application Number: 10/077,692 Title: METHOD AND SYSTEM FOR				Technology Cent	2500	
TIME: WETHOD AND STSTEM TON				The state of the s	FI 2000	
First Named Inventor: Patrick E. Ho	offman	Group Art:		Examiner Name:	ļ	
FIISCHMING W					1	
Application Number: 60/285385	Filing Date: April 20, 2001		Att	y Docket No.: ANVI-P60-001	ļ ·	
Title: HIGH DIMENSIONAL INTERA	CTIVE DATA VISUALIZ	ATION				
Tigs: Algii biimeitoloi vient					1	
First Named Inventor: Georges S.	Grinstein	Group Art: Examiner Name:		Examiner Name:	J .	
					1	
Application Number: 60/285945	Filing Date: April 23	3, 2001	Atty Docket No.: ANVI-P61-001			
Title: HIGH DIMENSIONAL INTERA	CTIVE DATA VISUALIZ	ATION		,		
	Tipe: Their bilberterer			Examiner Name:	1	
First Named Inventor: Georges S.	Grinstein	Group Art: Examiner Name:			4 :	
				y Docket No.: ANVI-P62-001	7	
Application Number: 60/348854	Filing Date: Januar	uary 15, 2002		TO DOCKOT NO.: ANVI-FOZ-001	1	
Application Number: 60/348854 Title: MULTI-DIMENSIONAL INTER	VACTIVE DATA VISUAL	IZATION APPLIED	108	MALL MOLECULE RESERVOIT		
				Examiner Name:	1	
First Named Inventor: Patrick E. H	Group Art:		Examination (Many)	_		
			1	ty Docket No.: ANVI-P63-001	7	
Application Number: 60/322771	Filing Date: Septer	e: September 17, 2001		ty Docker No.: MIAAI-H-03-001	4	
TITIE: MULTI DIMENSIONAL INTER	RACTIVE DATA VISUAL	IZATION				
				Examiner Name:	7	
First Named Inventor: Patrick E. Hoffman		Group Art:		LAMINITY I TOURS		



STATEMENT UNDER 37 CFR 3.73(b)								
Applicant	t/Patent Owner: Daniel W. English							
Applicatio	on No./Patent No.: 09/938228 Filed/Issue Date: Au	gust 23, 2001						
Entitled:								
<u>C</u> E	EDAR POINT COMMUNICATIONS , a Corporation (Name of Assignee) , a Type of Assignee, e.g., corporation, partner agency, etc.							
		snip, university, government						
states tha								
1. <u>×</u>	the assignee of the entire right, title, and interest; or	RECEIVED						
2.	an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is%	MAY 2 1 2002						
in the pate	ent application/patent identified above by virtue of either:	Fachaelagy Contor 260						
	An assignment from the inventor(s) of the patent application/patent identified aborecorded in the United States Patent and Trademark Office at Reel, or for which a copy thereof is attached.	lachnology Center 200 ove. The assignment was Frame						
	A chain of title from the Inventor(s), of the patent application/patent identified abo assignee as shown below:	ve, to the current						
1	1. From: To:							
	The document was recorded in the United States Patent and Trademark Office Reel , Frame , or for which a copy thereof is at							
^		www.						
2	2. From: To: To: The document was recorded in the United States Patent and Trademark Office	e at						
	Reel , Frame , or for which a copy thereof is attached.							
3	3. From: To:							
	The document was recorded in the United States Patent and Trademark Office at							
	Reel, Frame, or for which a copy thereof is attached.							
ſ	[] Additional documents in the chain of title are listed on a supplemental sheet.							
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]								
The under	rsigned (whose title is supplied below) is authorized to act on behalf of the assign	nee.						
	Jeffrey Lavin							
	Date Typed or printed nar	me						
	Jeffing & Farm							
	// ## / Signature							
	Chief Financial Offic	cer						
	TIME							